

FCC Form 481 - Carrier Annual Reporting
Data Collection Form

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	483308
<015> Study Area Name	BLACKFOOT TEL - CFT
<020> Program Year	2016
<030> Contact Name: Person USAC should contact with questions about this data	Michelle Owens
<035> Contact Telephone Number: Number of the person identified in data line <030>	4065415131 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	mowena@blackfoot.com

Received & Inspected

JUL 1 - 2015

FCC Mail Room

ANNUAL REPORTING FOR ALL CARRIERS

54.313 Completion Required	54.422 Completion Required
(check box when complete)	(check box when complete)

<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> -- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	30	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	483308mt330.pdf	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 483308mt510.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 483308mt610.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability Certification	Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> 483308mt1010.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Certify whether terrestrial backhaul options exist (Yes or No)	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

 No. of Copies rec'd 0+1
 List ABCDE

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	483308
<015>	Study Area Name	BLACKFOOT TEL - CFT
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Owens
<035>	Contact Telephone Number - Number of person identified in data line <030>	4065415131 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mowens@blackfoot.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

483308mt112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How much (USF) was used to improve service quality and how support was used to improve service quality
- <116> How much (USF) was used to improve service coverage and how support was used to improve service coverage
- <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

Yes
Yes
Yes
Yes
Yes
Yes

(200) Service Outage Reporting (Voice)

Data Collection Form

FCC Form 481

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<039>	Contact Email Address - Email Address of person identified in data line <030>	mowens@blackfoot.com

[illegible]

(710) Broadband Price Offerings Data Collection Form FCC Form 487 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	483308
<015>	Study Area Name	BLACKFOOT TEL - CPT
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Owens
<035>	Contact Telephone Number - Number of person identified in data line <030>	4065415131 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mowens@blackfoot.com

[illegible]

(800) Operating Companies
Data Collection Form
FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Owens
<035>	Contact Telephone Number - Number of person identified in data line <030>	4065415131 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mowens@blackfoot.com
<810>	Reporting Carrier	Blackfoot Telephone Cooperative, Inc.
<811>	Holding Company	Not Applicable
<812>	Operating Company	Blackfoot Telephone Cooperative, Inc. - CFT

[illegible]

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481

OMB Control No. 3050-0986/OMB Control No. 3050-0819

July 2013

<010> Study Area Code	483308
<015> Study Area Name	BLACKFOOT TEL - CFT
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Michelle Owens
<035> Contact Telephone Number - Number of person identified in data line <030>	4065415131 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	mowens@blackfoot.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

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<039>	Contact Email Address - Email Address of person identified in data line <030>	mowens@blackfoot.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

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July 2013

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<039> Contact Email Address - Email Address of person identified in data line <030>	mowens@blackfoot.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP <http://www.blackfoot.com/residential/phone-services/lifeline-assistance-program/>

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	
<015>	Study Area Name	483308
<020>	Program Year	BLACKFOOT TEL - CPT
<030>	Contact Name - Person USAC should contact regarding this data	2016
<035>	Contact Telephone Number - Number of person identified in data line <030>	Michelle Owens
<039>	Contact Email Address - Email Address of person identified in data line <030>	4065415131 ext.
		mowens@blackfoot.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)i}
 <2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}
 <2011b> Attachment {47 CFR § 54.313(b)(1)ii}

Name of Attached Document(s) Listing Required Information

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}
 <2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}
 <2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}
 <2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- <2016> Certification Support Used to Build Broadband

--

Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017> 3rd year Broadband Service Certification
 <2018> 5th year Broadband Service Certification
 <2019> Interim Progress Certification
 <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB control No. 3050-0085/OMB control No. 3050-0019

July 2013

<010> Study Area Code	483308
<015> Study Area Name	BLACKFOOT TEL - CFT
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<030> Contact Name - Person USAC should contact regarding this data	Michelle Owens
<035> Contact Telephone Number - Number of person identified in data line <030>	4065415131 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	mowens@blackfoot.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

483308mt3010.pdf

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☒

483308mt3012.pdf

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
(3014) If yes, does your company file the RUS annual report

(Yes/No)

(Yes/No)



Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows



- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, is your company audited?

(Yes/No)



If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☒

- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☒

- (3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit ☒

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐

- (3023) Underlying information subjected to a review by an independent certified public accountant ☐

- (3024) Underlying information subjected to an officer certification. ☐

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

483308mt3026.xlsm, 483308mt3026a.pdf

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation (Continued)

ICC Form 481

Data Collection Form

OMB Control No. 3050-0086/OMB Control No. 3050-0819

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<010> Study Area Code	483308
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Financial Data Summary

(3027) Revenue

24451903

(3028) Operating Expenses

17391251

(3029) Net Income

5707460

(3030) Telephone Plant In Service(TPIS)

35577930

(3031) Total Assets

103737500

(3032) Total Debt

38799844

(3033) Total Equity

57587136

(3034) Dividends

0

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: BLACKFOOT TEL - CFT	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/29/2015
Printed name of Authorized Officer: Jason Williams	
Title or position of Authorized Officer: VP General Counsel	
Telephone number of Authorized Officer: 4065415454 ext.	
Study Area Code of Reporting Carrier: 483308	Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	ECF Form 481 OMB Control No. 3060-0985/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	483308
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<030> Contact Name - Person USAC should contact regarding this data	Michelle Owens
<035> Contact Telephone Number - Number of person identified in data line <030>	4065415131 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	mowens@blackfoot.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: ext. _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: ext. _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

Study Area Code: 483308

5 year Build-out Plan – REDACTED – FOR PUBLIC INSPECTION

Unfulfilled Broadband Service Requests Resolution

June 22, 2015

Ross Holt

Field Services Manager

Blackfoot Telecommunications Group

This document provides a high level description of the measures in place to resolve customer requests for broadband service that were unfulfilled in the prior calendar year.

Blackfoot Telephone Cooperative, Inc. (482235, 483308) and Fremont Telecom Co. dba Fremont Communications (472222) routinely replace digital loop carriers that are not capable of providing a minimum of 4 Mbps download and 1 Mbps upload to new loop carriers and provide Ethernet transport, where appropriate. Additionally, the companies deploy broadband accelerators in line that extend DSL or increase the speed to customers whose requests would otherwise be unfulfilled.

Service Quality Standards & Consumer Protection Rules Compliance

June 22, 2015

Michelle Owens

Carrier & Regulatory Specialist

Blackfoot Telecommunications Group

Blackfoot Telecommunications Group comprised of Blackfoot Telephone Cooperative, Inc. (SAC 482235 and 483308) and Fremont Telcom Co. (SAC 472222) has implemented a variety of service quality standards and consumer protection policies and procedures. This document provides a high level description of the measures in place.

Service Quality

The companies comply with service quality standards by meeting all requirements in the Administrative Rules of Montana 38.5.3371 and Idaho Administrative Code I.D.A.P.A. 31.41.01.500, as well as, all applicable federal consumer protection rules.

Consumer Protection

The companies comply with consumer protection obligations by meeting requirements in Administrative Code I.D.A.P.A. 31.41.01, applicable consumer protection regulation in the state of Montana, as well as, all federal consumer protection rules. The companies general practice is to treat all information as if it were private, in addition CPNI and Red Flag policies and procedures are observed and trained on annually. CALEA obligations and processes are strictly adhered to. Noticing is undertaken annually in relation to do not call and call before you dig. Noticing of rate changes is provided to educate customers about changes appearing on their bills regardless of the jurisdiction or regulated nature of the service.

Functionality in Emergency Situations

June 22, 2015

Frank Creasia

VP Network Operations

Blackfoot Telecommunications Group

This document provides a high level description of the measures in place to provide functionality in Emergency situations in the 482235, 483308 and 472222 study areas.

Central Offices in all 3 study areas are equipped with backup generators in the event of commercial AC power failures. Fuel supplies for these generators are adequate for 24-36 hours of operation and back up batteries located in each central office provide an additional 6-8 hours of backup power.

All remote subscriber carrier locations are equipped with backup batteries that are capable of providing 8-12 hours of DC power in the event of a commercial AC power failure. We also maintain a pool of portable generators that are used to recharge these batteries if the AC power is not restored prior to the batteries being fully discharged.

Where practical, fiber optic cable routes that provide connectivity to a remote central office back to the host central office have diverse routes to insure uninterrupted operation in the event of a cable cut or failure. If diverse routes are not practical the remote central office is equipped with a "stand alone" function that insures uninterrupted operation within the remoter central office service area.

(700) Price Offerings Including Voice Rate Data
Data Collection Form

FCC Form 481

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 <039> Contact Email Address - Email Address of person identified in data line <030> mowens@blackfoot.com

<701> Residential Local Service Charge Effective Date

1/1/2015

<702> Single State-wide Residential Local Service Charge

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
MT	Alberton		FR	16.0	0.0	0.0	0.0	16.0
MT	Alberton		FR	22.5	0.0	0.0	0.0	22.5
MT	Alberton		FR	25.0	0.0	0.0	0.0	25.0
MT	Drummond		FR	16.0	0.0	0.0	0.0	16.0
MT	Drummond		FR	22.5	0.0	0.0	0.0	22.5
MT	Drummond		FR	25.0	0.0	0.0	0.0	25.0
MT	Haugan		FR	16.0	0.0	0.0	0.0	16.0
MT	Haugan		FR	22.5	0.0	0.0	0.0	22.5
MT	Haugan		FR	25.0	0.0	0.0	0.0	25.0
MT	Noxon		FR	16.0	0.0	0.0	0.0	16.0
MT	Noxon		FR	22.5	0.0	0.0	0.0	22.5
MT	Noxon		FR	25.0	0.0	0.0	0.0	25.0
MT	Philipsburg		FR	16.0	0.0	0.0	0.0	16.0
MT	Philipsburg		FR	22.5	0.0	0.0	0.0	22.5
MT	Philipsburg		FR	25.0	0.0	0.0	0.0	25.0
MT	Plains		FR	16.0	0.0	0.0	0.0	16.0
MT	Plains		FR	22.5	0.0	0.0	0.0	22.5
MT	Plains		FR	25.0	0.0	0.0	0.0	25.0
MT	Superior		FR	16.0	0.0	0.0	0.0	16.0
MT	Superior		FR	22.5	0.0	0.0	0.0	22.5
MT	Superior		FR	25.0	0.0	0.0	0.0	25.0

(700) Price Offerings Including Voice Rate Data
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	483308
<015>	Study Area Name	BLACKFOOT TEL - CFT
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Owens
<035>	Contact Telephone Number - Number of person identified in data line <030>	4065415131 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mowens@blackfoot.com

1/1/2015

<703>

[illegible]

(710) Broadband Price Offering
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	483308
<015>	Study Area Name	BLACKFOOT TEL - CFT
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Owens
<035>	Contact Telephone Number - Number of person identified in data line <030>	4065415131 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mowens@blackfoot.com

<711>	<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
	MT	All	15.09	0.0	15.09	768.0	384.0	999999.0	Other, Unlimited
	MT	All	17.06	0.0	17.06	768.0	384.0	999999.0	Other, Unlimited
	MT	All	32.9	0.0	32.9	768.0	384.0	999999.0	Other, Unlimited
	MT	All	35.99	0.0	35.99	1.5	1.0	999999.0	Other, Unlimited
	MT	All	35.99	0.0	35.99	768.0	384.0	999999.0	Other, Unlimited
	MT	All	38.04	0.0	38.04	4.0	1.0	999999.0	Other, Unlimited
	MT	All	38.9	0.0	38.9	768.0	384.0	999999.0	Other, Unlimited
	MT	All	40.99	0.0	40.99	768.0	384.0	999999.0	Other, Unlimited
	MT	All	41.74	0.0	41.74	8.0	1.0	999999.0	Other, Unlimited
	MT	All	43.5	0.0	43.5	768.0	384.0	999999.0	Other, Unlimited
	MT	All	44.26	0.0	44.26	4.0	1.0	999999.0	Other, Unlimited
	MT	All	45.0	0.0	45.0	768.0	384.0	999999.0	Other, Unlimited
	MT	All	45.99	0.0	45.99	1.5	1.0	999999.0	Other, Unlimited
	MT	All	50.99	0.0	50.99	4.0	1.0	999999.0	Other, Unlimited
	MT	All	52.9	0.0	52.9	768.0	384.0	999999.0	Other, Unlimited
	MT	All	55.5	0.0	55.5	1.5	1.0	999999.0	Other, Unlimited
	MT	All	55.99	0.0	55.99	8.0	1.0	999999.0	Other, Unlimited
	MT	All	56.1	0.0	56.1	1.5	1.0	999999.0	Other, Unlimited
	MT	All	65.0	0.0	65.0	3.0	512.0	999999.0	Other, Unlimited
	MT	All	65.0	0.0	65.0	4.0	1.0	999999.0	Other, Unlimited
	MT	All	70.0	0.0	70.0	768.0	384.0	999999.0	Other, Unlimited

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

JULY 2013

<010> Study Area Code 483308

<015>	Study Area Name	BLACKFOOT TEL - CFT
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<020>	Program Year	2016
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<030>	Contact Name - Person USAC should contact regarding this data	Michelle Owens
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<035>	Contact Telephone Number - Number of person identified in data line <030>	4065415131 ext.
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<039>	Contact Email Address - Email Address of person identified in data line <030>	mowens@blackfoot.com
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<711>

[illegible]

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

[illegible]

Voice Services Rate Comparability

June 23, 2015

Michelle Owens

Carrier & Regulatory Specialist

Blackfoot Telecommunications Group

For the Program year 2016, the average urban rate for local service is 21.22. Per FCC Public Notice DA 15-470 the reasonable comparability benchmark for voice services is \$47.48. As indicated in each study area's line 700 worksheet none of the Blackfoot rates are above the reasonable comparable rate of \$47.48.

Broadband Reasonable Request

June 23, 2015

Jason Williams

VP General Counsel

Blackfoot Telecommunications Group

Blackfoot certifies that it has taken reasonable steps to provide upon reasonable request broadband service at actual speeds of 4 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to offerings in urban areas, and that such requests for such service are met with in a reasonable amount of time.

Anchor Institutions

June 23, 2015

Michelle Owens

Carrier & Regulatory Specialist

Blackfoot Telecommunications Group

There were no new broadband services deployed to anchor institutions during the preceding calendar year. Most anchor institutions with in the Blackfoot service area adopted high capacity Ethernet services years ago. If there are modifications at this point they represent upgrades in capacity on the existing service.

Communication with Those Charged with Corporate Governance Under US Auditing Standards (AU-C Sections 260 and 265)**Our responsibility under US Generally Accepted Auditing Standards**

Our responsibility, as described by professional standards, is to express an opinion about whether the financial statements prepared by management with your oversight are fairly presented, in all material respects, in conformity with U.S. generally accepted accounting principles. Our audit of the financial statements does not relieve you or management of your responsibilities.

Sensitive accounting estimates

- Rates and allocation bases on affiliate transactions and intercompany cost allocations
- Depreciation
- Part 64 adjustments
- Valuation of intangibles

Difficulties in performing the audit

None

Corrected and uncorrected misstatements

Lists provided to management

Disagreements with management

None

Management representations

We have requested certain representations from management that are included in the management representation letter dated as of the report date.

Management consultations with other independent accountants

None

Other findings or issues

None

Study Area Code: 483308

Financial Statements – REDACTED – FOR PUBLIC INSPECTION